



STATE OF TENNESSEE
Department of Financial Institutions
Compliance Division
Nashville City Center
511 Union Street – Suite 400
Nashville, Tennessee 37219
(615)741-3186

APPLICATION FOR RENEWAL OF CHECK CASHERS LICENSE

Application is hereby made to renew the license(s) granted pursuant to Chapter 309, Public Acts of 1997, to transact business as a Check Cashing Business:

1. Mailing Address and Telephone Number(s) of Home Office:
Person responsible for matters relating to this renewal application

Name and Title

Company

Street

City, State, Zip Code

Telephone Number

Fax Number

NOTE CHANGES BELOW

Name and Title

Company

Street

City, State, Zip Code

Telephone Number

Fax Number

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License Number: _____

Name of Licensee: _____

Full exact name of business for which application is made

Legal name of business, if different from above (Please enclose documentation which authorizes the change of name or use of trade name).

Street Address

Mailing Address

City, State, Zip Code

Manager

Telephone Number

Fax Number

NOTE CHANGES BELOW

Full exact name of business for which application is made.

Legal name of business, if different from above (Please enclose documentation which authorizes the change of name or use of trade name).

Street Address

Mailing Address

City, State, Zip Code

Manager

Telephone Number

Fax Number

Please answer all questions on this page. If necessary, provide details on a separate sheet. The licensee must also file the annual report with this application by **September 1st**.

2. Provide a current list including: the name, social security number, residence and business address, residence and business phone numbers and title of each owner, partner, L.L.C. member, director, corporate officer; and, five percent (5%) or more shareholder of the licensee.
3. Has the licensee's business structure or ownership changed during the past year?
Yes____ No____ If Yes, detail the changes on a separate sheet.
4. Has the licensee filed for bankruptcy or reorganization within the last year?
Yes ____ No ____ If yes, provide details on a separate sheet.
5. Has the licensee or any partner, LLC member, director, corporate officer, five percent (5%) or more shareholder been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity during the past year?
Yes____ No____ If yes, please detail on a separate sheet.
6. Has the licensee ever been subject to any federal or state administrative investigation or order, or is any federal or state administrative investigation or order pending?
Yes ____ No ____ If yes, please detail on a separate sheet.
7. Has the licensee, or any partner, L.L.C. member, director, corporate officer, five percent (5%) or more shareholder been indicted or convicted of a felony in Tennessee or elsewhere?
Yes ____ No____ If yes, please provide details on a separate sheet.
8. Is the licensee currently licensed and/or operating as a check cashing business in another state?
Yes____ No____ If yes, please identify the state(s) on a separate sheet.
9. Does the licensee have any contingent liabilities as endorser, guarantor or otherwise?
Yes____ No____ If yes, please provide details on a separate sheet. Include all pending litigation and note any potential settlement amounts that could significantly affect the licensee's financial position.
10. By providing your email address, the Department can send you information quicker and more efficiently.

E-mail address

11. NOTARIZATION

I, _____, a duly authorized officer of _____
Name of Officer

_____ certify under the penalties of perjury that all statements above,

or Name of Applicant attached hereto, are true to the best of my information, knowledge and belief.

Signature of Applicant Officer

State of _____

County of _____

The following individual personally appeared before me, _____
who, being duly sworn according to law, deposes and says that the statements contained in the above application
are true and correct.

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public

NOTARY SEAL

THIS RENEWAL APPLICATION MUST BE ACCOMPANIED BY A RENEWAL FEE OF \$500 FOR
EACH LICENSE. MAKE THE CHECK PAYABLE TO THE TENNESSEE DEPARTMENT OF
FINANCIAL INSTITUTIONS. EACH BUSINESS LOCATION IS PRESENTED ON THE
FOLLOWING PAGE(S). PLEASE REVIEW THE INFORMATION AND, IF APPLICABLE,
MAKE ANY CORRECTIONS IN THE SPACE PROVIDED.